



Behavioral Health and Developmental Disabilities Administration

Presentation to Commission on Mental Health & Wellness

April 9, 2013

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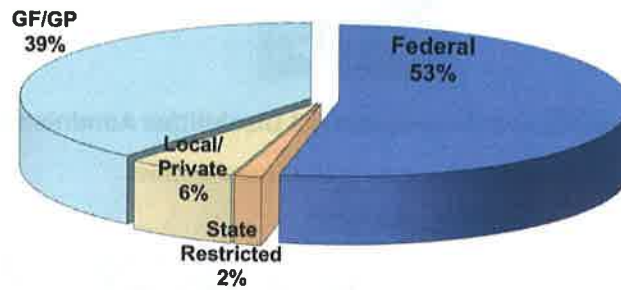


Behavioral Health & Developmental Disability Service Statistics

- 46 Community Mental Health Services Programs (CMHSP)
- 18/10 Prepaid Inpatient Health Plans (PIHPs)
- 233,139 people served by CMHSPs and PIHPs in 2011
- 16 Regional Coordinating Agencies, nine of which are co-located in a Prepaid Inpatient Health Plan (PIHP)
- 5 state operated hospitals and centers
- 1,017 state psychiatric hospital bed capacity
- 2,013 licensed psychiatric beds in the community for adults; 232 for children
- 7,279 allegations investigated by Office of Recipient Rights in 2011
- 38 Developmental Disabilities Council grants
- Zero persons with Intellectual and Developmental Disabilities living in State Institutions (1 of only 5 states)
- 64,218 persons received substance use disorder (SUD) treatment in FY12
- 47.9% of persons admitted to SUD treatment, in FY12, also had a mental health issue
- 8,234 persons received medicated-assisted treatment during FY12, up from 5,875 during FY06
- In 2003, combined heroin and opioid admissions were less than one-sixth of all treatment admissions; in 2012, combined heroin and opioid admissions reached a third of all treatment admissions
- 5,437 women received specialty treatment services during FY12
- 192 babies were born drug-free to women in SUD treatment during FY12
- Michigan's drug-abstinence rate at treatment discharge exceeded the national average rate by 4% in 2011
- The reported percentage of persons employed increased 24.7% during the course of SUD treatment in FY12
- The reported percentage of persons homeless decreased 32.4% during the course of SUD treatment in FY12
- The reported percentage of persons arrested decreased 33.7% during the course of SUD treatment in FY12
- More than 250,000 persons attended substance abuse prevention programs in FY12
- 10.7% of retailers "sold" tobacco to underage persons during the FY12 Synar survey, down from the FY11 rate of 14.9%
- 39th – Michigan's ranking out of 45 states on spending for SUD services
- 779,000 Michigan residents are estimated to meet clinical criteria for substance use disorder treatment; of those, 54,500 (7%) feel they need treatment; of those, 39,500 (72%) are likely eligible for and would access services if available
- 1,563 callers to the problem gambling help-line were provided referrals for problem gambling assistance in FY12
- 605 persons received problem gambling treatment, including 62 in the problem gambling diversion program, during FY12

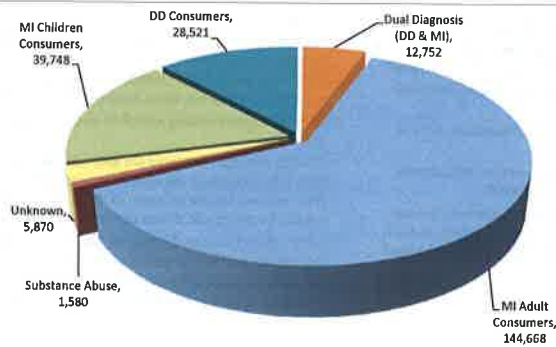
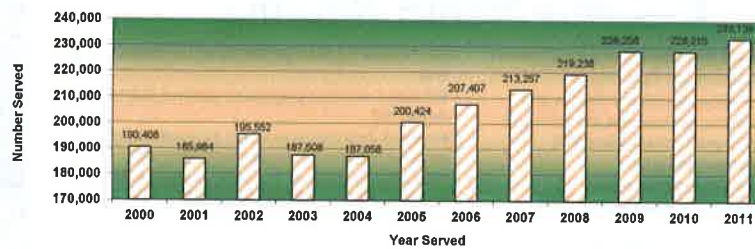


FY 13 Behavioral Health and Developmental Disabilities Appropriation Revenue Sources by Percentage (21% of MDCH Budget)



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**Michigan Public Behavioral Health System
Individuals Served In CMH FY 2000 - 2011**



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Alignment of Behavioral Health Provider Systems

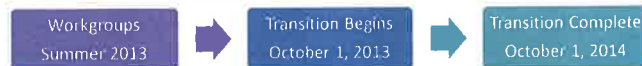
✓ Medicaid Prepaid Inpatient Health Plans (PIHPs)

- 18 to 10



✓ Substance Abuse Coordinating Agencies (16) merge into Designated Community Mental Health Services Programs (PIHPs)

- Public Acts 500 and 501 of 2012



✓ Detroit/Wayne Community Mental Health

- Transition to authority status
- Public Acts 375 & 376 of 2012



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Alignment of Behavioral Health Provider Systems

✓ Application For Participation (AFP)-Medicaid Managed Care

- First Opportunity to CMH System-1915(b) (C) Waiver
- New Regions (18 to 10)-Commence January 1, 2014
- New regional governance required for multi CMH regions

✓ Substance Abuse Coordinating Agency-CMH/PIHP Integration

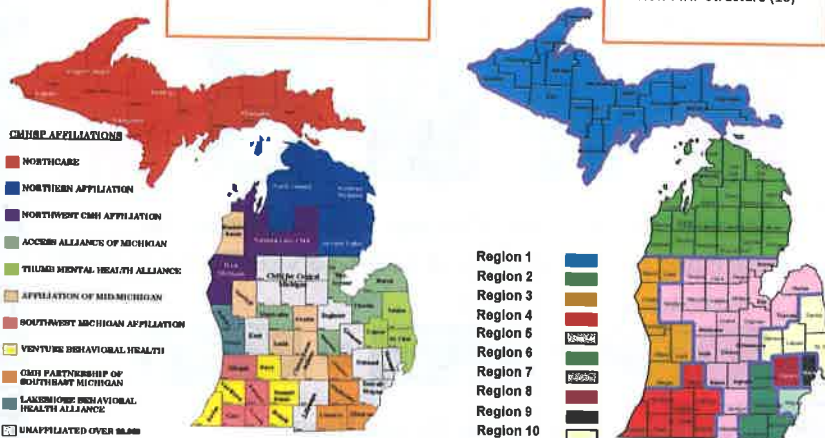
- Public Acts 500 and 501 of 2012, transition plans developing
- Plans required by October 1, 2013, completed by October 1, 2014
- Smoothest transition: completion by January 1, 2014 (coincide with implementation of new CMH PIHP regions)
- Key Components:
 - Regional substance abuse policy board advise PIHP
 - Substance Abuse leadership at PIHP for region
 - Transition timeframes in law (providers, health departments)
 - Assurances to protect individuals receiving services and substance abuse and prevention resource investments

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Prepaid Inpatient Health Plan (PIHP) Consolidation

Current PIHP Structure (18)

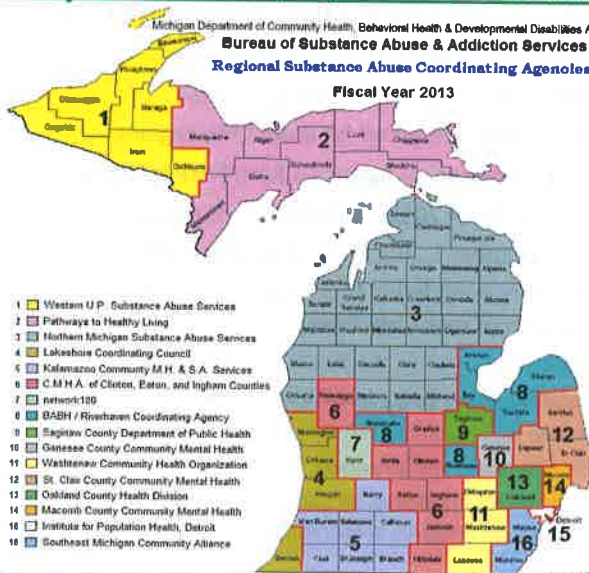
New PIHP Structure (10)



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Current Substance Abuse Coordinating Agency Structure (Merged with PIHP no later than 10/1/14)

Michigan Department of Community Health, Behavioral Health & Developmental Disabilities Administration
Bureau of Substance Abuse & Addiction Services
Regional Substance Abuse Coordinating Agencies
Fiscal Year 2013



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New Initiatives 2014

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MDCH's FY 2014 Strategic Priorities

- ✓ Improve Population Health
- ✓ Transform the System of Care
- ✓ Reform the Health Care System
- ✓ Transform the Michigan Department of Community Health

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Transform the System of Care

✓ **Mental Health Early Intervention**

- FY 14 provides \$5.0M Gross/GF in one-time funding for new and expanded programs for early intervention with youth:
 - Home-based services and treatments to additional children across the state \$2.5M
 - Care management and treatment for high risk youths \$1M
 - Training and Awareness \$1.5M
 - Mental health first aid tools to recognize the signs and systems of mental health problems
 - Youth Crisis Intervention training for two law enforcement communities

(11)

Transform the System of Care

✓ **Jail Diversion (with Department of Corrections –Diversion Council)**

- \$1.6M GF investment
 - Coordinate efforts with advisory council continuing similar to make up of workgroup (judges, local law enforcement, etc.)
 - Strengthen existing systems in 5 pilot communities by bridging gaps, improving collaboration and coordination, and improving continuity of care

(12)

Transform the System of Care

✓ Services to Veterans (with Military & Veterans Affairs)

- \$60,000 Gross/GF investment in FY14
 - Credentialing of Community Mental Health Service Programs (CMHSP) and Substance Use Disorder (SUD) providers in TriCare: an insurance system that pays for treatment for active duty/military families (\$20,000)
 - Co-location and/or Co-Credential of CMHSP and SUD clinicians by the Veterans Health Administration (\$10,000)
 - Training Program for Law Enforcement in recognizing Post-Traumatic Stress Disorder related behavior and "mental health first aid" (\$20,000)
 - Military Cultural Competency for all 46 CMHSPs and at least one SUD provider in each Coordinating Agency area (\$10,000)

✓ Expand integrated behavioral health and primary care services for persons with mental health and substance use disorders

✓ Performance Based Contracting (Withholds & Incentives, Sanctions)

✓ Standardize Rates to Address Access Variance (Rates based increasingly on Morbidity vs Historical/Geography)

(13)



Previous Initiatives & Recommendations

(14)



Michigan Mental Health Commission 2004

- ✓ Goal 1: The public knows that mental illness and emotional disturbance are treatable, recovery is possible, and people with mental illness lead productive lives.
 - ✓ The governor should convene Michigan leaders across many sectors as a private and public partnership to develop and launch a public education campaign.
 - ✓ The partnership should advance proven health promotion strategies to address mental health issues such as suicide and develop a single repository of mental health information.

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Michigan Mental Health Commission 2004

- ✓ Goal 2: The public mental health system will define clearly those persons it will serve and will address the needs of those persons at the earliest time possible to reduce crisis situations.
 - ✓ Early intervention, screening, and assessment should be strengthened.
 - ✓ Assessment of individuals needing mental health services should be simplified and clarified.
 - ✓ Uniform guidelines for serving individuals eligible for public mental health services should be put in place across the state.

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Michigan Mental Health Commission 2004

- ✓ Goal 3: A full array of high-quality mental health treatment, services, and supports is accessible to improve the quality of life for individuals with mental illness and their families.
 - ✓ A comprehensive, high-quality array of services should be established.
 - ✓ As a first step, adequate core service options and crisis response services should be assured for those who qualify for “enhanced access.”
 - ✓ A mental health institute should be created to develop evidence-based practice and practice-based evidence research and state clinical leadership should be strengthened.
 - ✓ The special needs of children and older adults should be addressed.

[17]



Michigan Mental Health Commission 2004

- ✓ Goal 4: No one enters the juvenile and criminal justice systems because of inadequate mental health care. (See detailed recommendations, pages 39–40.)
 - ✓ The array of mental health services should be available and accessible to eliminate the use of the juvenile and criminal justice systems as “providers of last resort.”
 - ✓ Diversion programs should be required, legal duty should be formalized, and responsibility should be clarified for mental health services.
 - ✓ Screening and assessment of children and adults at first contact should be ensured and pre-release planning should address mental health and other needs.

[18]



Michigan Mental Health Commission 2004

- ✓ Goal 5: Michigan's mental health system is structured and funded so that high-quality care is delivered effectively and efficiently by accountable providers.
 - ✓ Create and maintain a structure that better clarifies and coordinates state, regional, and local roles, responsibility, and accountability.
 - ✓ A new funding strategy should be adopted for public mental health services, including dedicated state funding, full and flexible use of federal funds, adoption of new executive-branch budget policy, maintenance of county matching funds, and passage of a state parity law.
 - ✓ Recipient rights protection should be strengthened to increase accountability.

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Michigan Mental Health Commission 2004

- ✓ Goal 6: Recovery is supported by access to integrated mental and physical health care and housing, education, and employment services.
 - ✓ Mental health and physical health care should be more integrated, as well as mental health and substance abuse treatment.
 - ✓ Children with disabilities and risk factors for emotional disturbance should be proactively identified in the education and health care environments.
 - ✓ Programs for housing, supported education, and supported employment should be expanded and laws should be enforced to help individuals with mental illness secure housing, education, and employment.

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Michigan Mental Health Commission 2004

- ✓ Goal 7: Consumers and families are actively involved in service planning, delivery, and monitoring at all levels of the public mental health system. (See detailed recommendations, page 52.)
 - ✓ Community mental health boards should have at least one representative of individuals with developmental disabilities, individuals with mental illness, and children with emotional disturbance.
 - ✓ A mechanism should be implemented to obtain service recipient and family feedback on satisfaction with services and progress toward outcomes.
 - ✓ Service providers should be required to formally offer and strongly encourage the establishment of advance psychiatric directives.

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Long-Term Care Task Force 2004

- ✓ 1. Require and implement person-centered planning practices throughout the LTC continuum and honor the individual's preferences, choices, and abilities.
- ✓ 2. Improve access by establishing money follows the person principles that allow individuals to determine, through an informed choice process, where and how their LTC benefits will be used.
- ✓ 3. Designate locally or regionally-based "Single Point of Entry" (SPE) agencies for consumers of LTC and mandate that applicants for Medicaid funded LTC go through the SPE to apply for services.
- ✓ 4. Strengthen the array of LTC services and supports by removing limits on the settings served by MI Choice waiver services and expanding the list of funded services.
- ✓ 5. Support, implement, and sustain prevention activities through (1) community health principles, (2) caregiver support, and (3) injury control, chronic care management, and palliative care programs that enhance the quality of life, provide person-centered outcomes, and delay or prevent entry into the LTC system.
- ✓ 6. Promote meaningful consumer participation and education in the LTC system by establishing a LTC Commission and informing the public
- ✓ 7. Establish a new Quality Management System for all LTC programs that includes a consumer advocate and a Long-Term Care Administration that would be responsible for the coordination of policy and practice of long-term care.
- ✓ 8. Build and sustain culturally competent, highly valued, competitively compensated and knowledgeable LTC workforce teams that provide high quality care within a supportive environment and are responsive to consumer needs and choices.
- ✓ 9. Adopt financing structures that maximize resources, promote consumer incentives, and decrease fraud.

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Long Term Care Workgroup 2000

- ✓ The Long Term Care Work Group issued 62 recommendations relating to the following issues:
 - ✓ Quality of Life/Quality of Care
 - ✓ Personal Responsibility
 - ✓ Living Independently
 - ✓ Financial Eligibility
 - ✓ Nursing Homes of the Future
 - ✓ Organized Systems of Care

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MDCH Contact Info and Useful Links

Phone: (517) 373-3740

Website: <http://www.michigan.gov/mdch>

Facebook: <http://www.facebook.com/michigandch>

Twitter: @MIHealth, <https://twitter.com/mihealth>

Useful Links:

Executive Budget: <http://www.michigan.gov/mibudget2014>

MI Healthier Tomorrow: www.michigan.gov/mihealthiertomorrow

Medicaid Expansion: www.expandmedicaid.com

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